110004596

(Re	questor's Name)	·····
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



900275483219

08/04/15--01009--014 **25.00



AUG 05 2015 S. YOUNG

COVER LETTER

TO:	Registration S Division of Co	Section orporations					
SUBJE	SINAI LO	OGISTICS, LLC					
GODGIA	C1.	Name of Lim	ited Liability Company				
The encl	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all corresp	condence concerning this matter	to the following:				
		Lennis M. Maldonando					
			Name of Person		_		
			Firm/Company		_		
		8840 NW 111th Avenue u	nit #1905				
			Address			टन	
		Doral, FL 33178					71
		maldonadolennis@gmail.co	City/State and Zip Code		14 5 14 5 15	-4-	
		E-mail address: (to be used for future annual report noti	fication)	التي الذي يا الهيم المتاه التنظيم في ياي	PH 2:42	السا
For furth	ner information	concerning this matter, please c	all:		ŞĦ	C	
Lennis l	M. Maldonado		786 218-3881				
**	Name	of Person	Area Code Daytim	e Telephone Numbo	ег	•	
Enclose	d is a check for	the following amount:	•				
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		LING ADDRESS:	STREET/COURI Registration Section				

Division of Corporations P O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SINAI LOGISTICS, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
ne Articles of Organization for this Limited Liability Com	npany were filed on January 21 2011 a	nd assigned
orida document number L11000004596		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	d liability company here:	
e new name must be distinguishable and contain the words "Limite		ion "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	
		F [
		呈り
nter new mailing address, if applicable:		2: 42
Mailing address MAY BE A POST OFFICE BOX)		2
If amending the registered agent and/or registe	red office address on our records, enter the i	name of the
gistered agent and/or the new registered office addre		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u></u>
	, Florida	
	City Zig	Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FEYIS DAPPO	2020 NW 129th Avenue suite #205	
		Miami, FL 33182	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			D.Remove
			☐ Change
			ST 5
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			☐ Change

_			 —-				<u></u>		
		,					_		
		1	<u>, , , , , , , , , , , , , , , , , , , </u>				<u> </u>		
_	<u> </u>								
									
		 							
_				·					
					·				
								 _	
_							·		
_									
_									
		-							
									
				· · · · · · · · · · · · · · · · · · ·		·			
an effe lote: I	ective date is lis If the date ins	ted, the date merted in this	ne date of filing the specific and block does not Department of	d cannot be prion	icable statutor	ng or more than y filing requir	(optional 90 days after filing ements, this date) 2.) Pursuant to 605 will not be liste	0207 ed as t
			ed effective ecord is filed		ot an effec	tive time, a	t 12:01 a.m.	on the earlie	er of
ated _	July	23		, 20 p	5	ntative of a me			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00